PROCOAGULANT ACTIVITY OF THROMBOSTHENIN PREPARATIONS. L. Muszbek, L. Fésüs, T. Szabó and J. Hársfalvi. Department of Pathophysiology and Central Research Laboratory, University School of Medicine, Debrecen, Hungary.

3 x precipitated bovine thrombosthenin preparation exerted a powerful procoagulant effect similar to platelet factor 3 activity. In the presence of thrombosthenin the recalcification time, the kaolin clotting time and the Stypven time considerably shortened, the partial thromboplastin time only slightly altered and the activated partial thromboplastin time did not change at all. Thrombosthenin highly accelerated the generation of intrinsic thromboplastin but it was not active in a factor IXa generation test. It neither possessed tissue factor like property nor influenced the activity of tissue factor preparation or the action of thrombin on purified fibrinogen. Thrombosthenin contained 109 µg phospholipid/mg protein, the composition of which was quantitatively determined by thin layer chromatography. The procoagulant activity as well as the phospholipid content were retained after agarose gel filtration. It is suggested that thrombosthenin having an associated phospholipid component significantly contributes to the clot promoting effect of activated platelets.

STUDIES ON THE EFFECTS OF SMOKING ON VENOUS THROMBOEMBOLIC DISEASE. Andrew Pollock, M.J. Lewis, and D.K. Mistry. The General Hospital, Birmingham, England.

It has been suggested that smoking protects against the development of deep vein thrombosis following myocardial infarction, although large studies on the effects of smoking have generally failed to show any association with venous thromboembolic disease.

In a preliminary survey of patients attending an anticoagulant clinic, fewer male smokers, and more female smokers than expected, were attending after a deep vein thrombosis. Further analysis of these results, suggested that they were due, at least in part, to factors other than smoking, and a larger study was undertaken to compare the incidence of smoking in patients who had had a deep vein thrombosis, with that in the hospital out-patient population as a whole. No differences in smoking habits were found between these groups, but small differences were observed between various groups of patients with venous thromboembolism, e.g. myocardial infarction was listed as a predisposing cause, more often than expected in male non-smokers.

Thus, while smoking may effect the development of deep vein thrombosis in particular situations, e.g. after myocardial infarction, this study has failed to show any significant influence on venous thrombosis in general.

PROPHYLAXIS FOR HEMOPHILIC ARTHROPATHY. S. Ross Mackay, M.D. University of Rochester School of Medicine, Rochester, New York, USA

Hemophilia patients at the Rochester, New York, Hemophilia Center Clinic on three different modes of transfusion therapy were reviewed. It was found that those patients receiving prophylactic transfusion required less material over twelve months than those on home infusion or out-patient therapy. It was concluded that many hemorrhages may have a psychomotor origin and that prophylactic transfusion suppressed hemorrhage on a psychomotor basis.